

**EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION
PROGRAM CERTIFICATION**

AGENCY: _____

MAIN ADDRESS: _____

TELEPHONE NUMBER: _____

TTY / NEXTALK: _____

WEBSITE: _____

CHIEF EXECUTIVE OFFICER: _____

EEO/AA OFFICER: _____

ADA COORDINATOR: _____

This is to certify that the attached document represents the Equal Employment Opportunity / Affirmative Action Program of this agency.

Chief Executive Officer

Date

EEO/AA Officer

Date